## ndiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>1-19-10</u>	Address:	Mt. Tabor Rd. near
Case #:	<u>45-50847</u>		Corydon Ramsey Rd.
County:	HARRISON		Ramsey, In
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	ional Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)    Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (	item and location):		
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services		Investigative Information  Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip  Other:	
This repor	rt is to be faxed to the following ag	encies that serve the l	ocation:
Fire Depar	tment: Ramsey Fire Dept	Fax: <u>812-738-2195</u>	
Health Department: <u>HARRISON CO</u>		Fax: <u>812-7</u> Fax: <u>N/A</u>	<u>8-4292</u>
Child Prote	ection Service: <u>HARRISON CO</u>	* 000% * 1/4 ¥	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: JACKIE SMITH Phone 812-246-5424			

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.